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ABSTRACT

In Louisiana, the Early Childhood Evaluation Project undertook to study the feasibility of screening preschool children for potential handicaps in rural and urban areas using relatively untrained university students and to evaluate the cost effectiveness of different screening instruments. Findings showed that the largest number of children were found to be at risk in the area of communications (253 children), followed by vision (206 children), hearing (185 children), and school readiness (138 children). A total of 466 children were identified as at risk in one or more of the seven developmental categories evaluated. The following instruments were evaluated: the Developmental Assessment Screening Inventory (DASI), the Development Inventory Assessment of Learning (DIAL), the Hess School Readiness Scale (HESS), and the McCarthy Screening Test (MST). Among conclusions were that the most effective instrument in regard to cost, time, ease of administration, number of children tested, and usefulness of data was the MST. The HESS would have been chosen except that the amount of useful data collected would have been less because the test lacks the gross motor component. The DIAL is the most expensive instrument, but because four children can be tested at one time and the data cover all development areas, it was placed above the DASI. (PHR)

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REPORT

OF

EARLY CHILDHOOD EVALUATION PROJECT

STATE PROJECT NUMBER 78-PI-73

PART B, EHA

DIVISION OF SPECIAL EDUCATION

NORTHWESTERN STATE UNIVERSITY

NATCHITOCHES, LOUISIANA

PROJECT DIRECTOR: ETHEL HETRICK, Ph.D.

PRESENTED TO 58th ANNUAL

INTERNATIONAL CONVENTION

THE COUNCIL FOR EXCEPTIONAL CHILDREN

APRIL 23, 1980

PHILADELPHIA, PENNSYLVANIA

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EC124327

INTRODUCTION

The importance of identifying problems of children during the early years of life has been emphasized within the past few years. These problems may affect the abilities of the children to accomplish desired tasks in school. When these problems are identified before beginning school, procedures may be followed to correct problems or to help the children who possess problems and their parents to seek channels to deal with the problems which may be present.

In the state of Louisiana, there is a major gap for a systematic program of pre-school screening. Scattered school districts sometimes have a type of "kindergarten Roundup," but these lack a systematic approach using standardized instruments. The Early Childhood Evaluation Project was designed to help ameliorate this weakness by providing a systematic method for pre-school screening of 3, 4, and 5-year old children.

The objectives of the Early Childhood Evaluation Project undertaken by Northwestern State University during the summer of 1979 were to:

1. Evaluate the effectiveness of mass pre-school screening of the Region 6 State Planning District,
2. Evaluate the feasibility of using relatively untrained personnel to accomplish the screening, and
3. Determine the cost effectiveness of the screening instruments.

The Early Childhood Evaluation Project was an interdisciplinary project involving Departments of Special Education, Home Economics, and Parish Child Search Coordinators. The State Department of Education through Dr. Ron Lacoste's office coordinated the arrangements at the parish level including facility and advertising with the parish child search coordinators.

RESULTS

Upon completion of evaluation of protocols and the making of recommendations, results of screening were recorded on the Screening Summary Sheet (see Tables 1-5). A Screening Sheet was used for each test given every week with the name of the parish and the date. Areas in which each child was "at risk" were checked. A child was considered "at risk" when scores did not reach the prescribed level by the screening instrument based upon the age of the child. The total number of children "at risk" in each area was entered as well as the total number of areas "at risk" for each test. The amount of time for each child to take the test was also placed on the form.

Table 1 shows there were 99 DASI tests administered. Of this number 86 children were "at risk" in some area of the screening process. The largest number of children - a total of 62 - were "at risk" in the area of vision, followed by 57 in communications, 52 in hearing, 38 in readiness, 32 in fine motor, 11 in social/emotional and 5 in gross motor for a total of 253 areas in which 99 children were at risk. An average of 31.76 minutes was required to administer the DASI to each of 99 children.

A total of 145 children were screened by the DIAL with 120 "at risk" in some area. According to Table 2, the greatest problem area was communications with 87 children followed by 60 children each in the areas of hearing and vision, 38 in readiness, 36 in fine motor, 26 in gross motor, and 17 in social/emotional for a total of 324 areas in which 145 children were "at risk." An average of 26.57 was used to administer the DIAL to each of 145 children.

The HESS screening device was administered to 93 children with 76 found to be "at risk" in some area as shown in Table 3. Vision and communication each had 44 children who were classified "at risk" followed by hearing with

38, readiness with 20, fine motor with 17, and gross motor with 9, for a total of 195 areas in which 93 children were "at risk." An average of 10.82 minutes was taken to administer the HESS to each of 93 children.

According to Table 4, 129 children were screened by the MST with 98 of this number found to be "at risk" in some area. The 65 children "at risk" in communications were followed by 42 in readiness, 40 in vision, 35 in hearing, 16 in gross motor, 12 in social/emotional, and 10 in fine motor for a total of 220 areas in which 129 children were "at risk." An average of 17.13 minutes was required to administer the MST to each of 129 children.

The total screening summary found in Table 5 shows a total of 466 tests administered with 384 of those children found to be "at risk" in some area of the screening. The largest number of children were found to be "at risk" in the communications with 253 children. Vision follows with a total of 206 children classified "at risk," a total of 185 children were found "at risk" in the area of hearing, followed by 138 in readiness, 95 in fine motor, 56 in gross motor, and 53 in social/emotional for a total of 992 areas in which 466 children were found "at risk." Percentages of each area based on the total number of children tested (466) and the number "at risk" (384) are also found in Table 5.

Communications

The largest number of children were found to be "at risk" in the area of communications. Most of the communication problems were due to speech development assessed by the speech evaluators. Only the DIAL screening instrument had a component on communication, and few taking the test were found to be "at risk" in this area. Operators administering other screening devices made few comments on communication problems because receptive communication was the primary objective and was usually operating sufficiently. Many of the speech development problems may become less

apparent and self-correcting as the children become more mature, but with suggestions for evaluation by a speech therapist, more severe problems can be corrected earlier and more easily before affecting school achievement unduly.

Vision

The second largest group of children were classified "at risk" in the area of vision. Many of these were due to the young age of the children when using the Pre-school Snellen E chart. The younger children were unable to understand the directions or became frightened easily at times. The telebinoculars with the Pre-school "Peek-a-Boo Vision Screening arrived in time for the last three weeks of screening. This screening device was much more thorough, more easily understood, and less frightening to the children. Recommendations for retesting of vision when unable to condition for screening or suspected presence of problems will aid in detection of problems early and facilitate the establishment of necessary adjustments before difficulty in school achievement develops because of vision impairment.

Hearing

Some of the children classified "at risk" in hearing were too young or immature to be conditioned for the use of the audiometer, but would indicate learning within normal limits in conversation with evaluators. Some of these children have had a history of ear infections which could affect the hearing and hinder school achievement. Recommendations for retesting of hearing will assist in the detection of any hearing impairment and to arrange for necessary adjustments in the school environment.

Readiness

The conceptual development of children is very important for school achievement. Some of the children "at risk" in this area were given recommendations to have opportunities in the development of definite concepts such as counting, color identification, or grouping which would strengthen

readiness for learning. Children who were below the suggested developmental tasks level in this area were recommended for retesting or complete evaluations. Many of these had problems in other areas - especially communication, vision, or hearing - which of necessity would require further testing. All screening instruments had components of readiness for learning tasks. The DIAL was most definite; the other tests had tasks scattered throughout which utilized concepts in readiness for learning.

Fine Motor

All screening devices had components of fine motor with drawing, stringing beads, folding paper, stacking, or building. The DIAL and the MST are most defined; fine motor tasks are scattered throughout the DASI and the HESS. Most of the children "at risk" in this area were deficient in a definite type of task and recommendations were made for more opportunities to develop skill in coordination.

Gross Motor

Very few children were shown "at risk" in this area. The DIAL and MST had defined components for the gross motor. The DASI and the HESS added this component from the MST the last four weeks. Most of the children "at risk" in this area had recommendations for gross motor activities to provide practice and continuous development.

Social/Emotional

Children were observed by the operators as tests were administered. Twelve behaviors suggested by DIAL were used by examiners in all tests for subjective impressions of the social/emotional development of the child. Knowledge that extremely poor social or emotional development may affect

functional ability in other areas, operators made comment when these behaviors were extreme:

1. Inability to separate from adult; parent or teacher accompanies child to the testing area
2. Clumsy; child's movements are awkward or unsteady
3. Squints / rubs eyes
4. Cries / whines
5. Does not talk; child is unusually quiet
6. Perseverative : child repeats what he/she says or does
7. Distractible : child does not pay attention to what the operator does or says
8. Hyperactive : restless; fidgety; 'antsy'
9. Resistive : child says "I can't" without trying or refuses to attempt tasks; refuses to cooperate
10. Disruptive : child interrupts test procedures
11. Lethargic : child moves very slowly
12. Impulsive : child acts without reason (impetuously)

Recommendations for children "at risk" in this area were specific as to the behavior observed.

Parishes

Most child search coordinators in the parishes of Region 6 were cooperative in scheduling appointments, arranging for testing sites and necessary equipment, and communicating plans to people in the project at NSU. All expressed appreciation for the opportunity to participate in the Early Childhood evaluation Project; it was a boost to their pre-school program.

Effectiveness of Screening Instruments

The DASI is the second most expensive screening instrument and is thorough. It has adaptations for visually impaired children, which is a useful feature. Because the test is thorough and was not designed to be timed, it is difficult to administer in a screening situation such as the Early Childhood Evaluation Project. Given individually in different sessions or in one long session, a teacher or examiner would know which precise tasks the child was able to accomplish and on which tasks the child needed to work. The average time of 31.76 minutes was obtained because several children took 45 minutes with the test; some were able to finish the test within 10 to 15 minutes. The DASI was judged to be the hardest test to administer and does not have a gross motor component. The gross motor component was used from the MST for those taking the DASI. This test can be given in both rural and urban settings but the children in the urban setting would be familiar with some of the items on the test. A strength of the test is that Level A begins with six months, which gives an instrument to be used with the very young child. A weakness is the ceiling of 60 months, so when a child is 5 years at the developmental level, there is no challenge for the child or further testing which the examiner has to follow. The nine levels of development with a six month spread in each level of the DASI instrument permits a wide range of testing possibilities. Each child has a basal level and a ceiling level which comprises the developmental level. This developmental level can be converted to a developmental quotient which is similar to an IQ.

The DIAL is the most expensive screening instrument. A strength and a weakness is the 4 to 6 people who are required to administer the test, rather than one individual as the other tests require. Four children can be tested at one time -- one at each station -- but the total average time

for each child is still greater than some of the other tests. There were 145 children tested with the DIAL during the 9 weeks of screening. All developmental areas (except hearing and vision) are in the components of this test. A strength of the test is that the child is moving from place to place -- there is no time to be bored. This can also be a weakness because there is very little time to establish rapport with the child, and the child -- especially the very young -- becomes easily frightened or confused. This test can be administered in both the rural and urban setting with approximately equal success. The test can be administered at 2½ years of age to 5 years 5 months which fits into the age groups of the Early Childhood Evaluation Project. The four subtests of the DIAL are Fine Motor, Gross Motor, Communications, Concepts which made evaluation and recommendations convenient.

The HESS School Readiness Scale is the least expensive and easiest to administer screening instrument used in the Early Childhood Evaluation Project. An average of 10.82 minutes for each child was required to administer the test. The HESS kits arrived in time for use during the last four testing days of the project. The test was constructed for ease of administration, speed of manipulation by the examiner, and minimal scoring motions. The test measures general intelligence and has IQ tables equivalent to the Stanford-Binet LM Scores. A classification table is provided for interpreting predicted success scores for pre-kindergarten or pre-first grade. Twelve subtests sample areas of general intelligence and are used for evaluation. Faculty coordinators and graduate assistants felt the IQ scores were somewhat inflated perhaps because of the few items on the test. Developmental areas for which the Early Childhood Evaluation Project were evaluating are scattered throughout the test. The gross motor component from the MST was administered to those children assigned to the HESS. The chronological age

range for the HESS is 3 years 6 months to 7 years and the mental age is from 3 years to 7 years 6 months which covered the majority of the children who were evaluated during the screening.

The MST is the second least expensive screening instrument and the second in time-consumption with 17.13 minutes for each child. There are six tests in the MST with defined gross motor and fine motor components. Readiness and communication components are parts of the other tests. The tasks required of the child are interesting and keep the child busy enough to be actively involved throughout the test. The 129 children tested with this instrument were between the ages of 3 year 9 months and 6 years 9 months which does not include the younger age children screened during the project.

A summary of the effectiveness of the four screening instruments used in the Early Childhood Evaluation Project is shown in Table 6, with the cost of the DIAL greatest at $125 and the HESS the least at $20. The DASI costs $65 and does not have the gross motor component. The DASI is the most time-consuming to administer while the HESS uses the least time. For the short period of time during the project it was used, the HESS tested 93 children while the DIAL tested 145 children with use during the entire project. The HESS is definitely the easiest test to administer with the MST following close inease of administration. There were 129 children tested with the MST and it was not used each day of the testing. The DASI is the most difficult to administer with the DIAL following close in difficulty of administration because it requires six people to administer in addition to the materials and equipment which must be assembled.

Data which was gathered by use of these screening instruments for evaluation of the four developmental areas in which the Early Childhood Evaluation Project was interested was most complete in the DIAL and the

MST . Each collected data in the four areas of fine motor, gross motor, communications and readiness (concepts). The DASI and the HESS both lack the gross motor component, but the team of the Early Childhood Evaluation Project utilized the gross motor component from the MST for those children assigned to these tests.

The age range is greatest for the DASI from 6 months to 5 years with the DIAL and the MST having an age range of 3 years each. Children from 2 years 6 months to 5 years 5 months can be tested by the DIAL while children 3 years 9 months to 6 years 9 months can be tested by the MST. The HESS has an age range of 3½ years in which children 3 years to 7 years 6 months can be tested. All the tests can be used equally in the rural or urban areas.

To select one screening instrument above all other instruments for a mass screening situation such as the Early Childhood Evaluation would be impractical because the age range of 3 to 5 years is not sufficiently covered by any one instrument which was used in the project. The DIAL comes very close, but some of the younger children who were first assigned to the DIAL were reassigned to another test such as the DASI because of immaturity. Some of the children tested were over 5 years and 5 months, so that a true evaluation would not have been possible if another instrument had not been available. The HESS is the easiest test to administer and uses less time, but some children 3 years of age had to be reassigned to another test such as the DASI or the DIAL because their developmental level was lagging. The DASI is the most thorough and has the greatest age range for testing, but is most time-consuming and lacks the gross motor component. Much of the time consumption was due to the younger, immature children who were screened with the DASI. The MST follows the HESS closely in ease of administration and use

of least time. The MST has all the developmental area components as does the DIAL, but the age range for the MST begins at 3 years 9 months and could not be used for the younger children.

To choose the most effective test in regard to cost, time, ease of administration, number of children tested, and useful data collected would be to choose the MST. The HESS would be chosen for all aspects except the amount of useful data collected would be less because the gross motor component is lacking. The DIAL is the most expensive instrument, but because four children can be tested at one time and data collected covers all development area, it would be placed above the DASI.

TABLE 1 DASI SCREENING SUMMARY SHEET

PARISH CODE	# TESTS	HEARING	VISION	GROSS MOTOR	FINE MOTOR	COMMUN-ICATION	SOCIAL EMOTION	READI-NESS	AT #AREAS	RISK #YES	#NO	TESTING DATE	XTIME(MIN.
58A	8	6	7	0	0	2	2	2	19	7	1	5/19/79	NOT TIMED
64A	11	3	3	0	4	4	1	3	16	6	5	5/26/79	28.20
64B	10	3	2	0	3	3	1	5	16	8	2	6/2/79	29.30
15A	30	15	25	0	7	21	2	9	79	29	1	6/16/79	28.33
15B	17	12	10	1	6	10	3	6	48	15	2	6/23/79	27.12
13A	5	2	2	1	1	2	1	1	10	3	2	6/30/79	29.00
30A	10	6	6	2	4	9	1	4	32	10	0	7/7/79	30.1
30B	6	4	6	1	5	6	0	5	27	6	0	7/14/79	30.00
15C	2	1	1	0	2	0	0	2	6	2	0	7/28/79	52.00
TOTAL	99	52	62	5	32	57	11	38	253	86	13		254.09
													$\bar{X}$31.76
%		52.5	62.6	5.0	32.3	57.6	11.1	38.4	2.5	86.9	13.2		

TABLE 2 DIAL SCREENING SUMMARY SHEET

PARISH CODE	# TESTS	HEARING	VISION	GROSS MOTOR	FINE MOTOR	COMMUNI-CATIONS	SOCIAL EMOTION	READI-NESS	AT RISK #AREAS	#YES	#NO	TESTING DATE	XTIME(MI
58 A	24	9	12	6	4	16	5	7	59	19	5	5/19/79	27.52
64A	19	9	7	4	5	6	L	6	38	15	4	5/26/79	26.07
64B	16	4	1	6	4	9	2	5	31	15	1	6/2/79	28.24
40A	26	5	8	1	1	18	2	1	36	21	5	6/16/79	24.44
40B	10	1	2	0	1	3	0	0	7	4	6	6/23/79	24.54
40C	8	3	4	1	2	7	1	2	20	8	0	6/30/79	30.07
40D	20	10	11	3	4	11	2	6	47	16	4	7/7/79	25.32
30B	9	8	7	1	5	6	1	6	34	9	0	7/14/79	28.52
15C	13	11	8	4	10	11	3	5	52	13	0	7/28/79	24.53
TOTALS	145	60	60	26	36	87	17	38	324	120	25		26.57
%		41.4	41.4	17.9	24.8	60.0	11.7	26.2	2.23	82.8	17.2		
									PER CHILD				

TABLE 3 HESS SCREENING SUMMARY SHEET

PARISH CODE	TEST	HEARING	VISION	GROSS MOTOR	FINE MOTOR	COMMUNI-CATION	SOCIAL EMOTION	READI-NESS	AT RISK #AREA	#YES	#NO	TESTING DATE	XTIME(MIN)
15B	12	8	6	1	2	7	2	2	28	11	1	6/23/79	7.5
40B	10	0	0	0	0	4	1	1	6	4	6	6/23/79	NOT TIMED
13A	6	4	2	1	2	2	2	2	15	4	2	6/30/79	7.6
40C	5	0	1	0	0	2	0	1	4	2	3	6/30/79	NOT TIMED
30A	18	5	4	2	3	11	1	2	28	14	4	7/7/79	10.1
40D	12	6	11	3	3	8	2	7	40	12	0	7/7/79	13.33
30B	14	6	10	2	2	11	4	3	38	13	1	7/14/79	12.93
15C	16	9	10	0	5	9	1	2	36	16	0	7/28/79	13.5
TOTAL	93	38	44	9	17	44	13	30	195	76	17		64.97
													X10.82
%		40.9	47.3	9.7	18.3	47.3	14.0	21.5	2.10 PER CHILD	81.7	18.3		

TABLE 4 MST SCREENING SUMMARY SHEET

PARISH CODE	# TESTS	HEARING	VISION	GROSS MOTOR	FINE MOTOR	COMMUNI-CATIONS	SOCIAL-EMOTION	READI-NESS	AT RISK # AREA	# YES	# NO	TESTING DATE	$\bar{X}$ TIME
58A	6	2	1	1	1	2	1	3	11	4	2	5/19/79	NOT TIMED
64A	14	6	2	4	0	5	2	4	23	9	5	5/26/79	16.24
64B	13	1	1	4	0	5	0	4	15	7	6	6/2/79	21.23
40A	11	2	2	0	0	7	0	1	12	9	2	6/16/79	14.45
5A	25	7	19	4	4	19	2	8	63	21	4	6/16/79	15.88
5B	18	5	3	1	1	10	1	12	33	15	3	6/23/79	16.11
3A	4	2	3	0	1	3	0	1	10	4	0	6/30/79	22.25
0C	5	0	0	0	0	1	0	0	1	1	4	6/30/79	10.8
0A20	15	3	3	1	2	8	4	3	24	13	2	7/7/79	17.47
0B	6	2	0	1	1	2	2	2	10	5	1	7/14/79	22.66
5C	12	5	4	1	0	4	0	4	18	11	1	7/28/79	14.17
OTAL	129	35	40	16	10	65	12	42	220	98	31		171.26

TABLE 5 TOTAL RESULTS SUMMARY SHEET

TEST	HEARING	VISION	GROSS MOTOR	FINE MOTOR	COMMUNI-CATION	SOCIAL EMOTIONAL	READI-NESS	AT RISK # Areas	AT RISK #yes	AT RISK # NO		Total Number Tested	$\bar{X}$ TIME
DASI	52	62	5	32	57	11	38	253	86	13		99	31.76
DIAL	60	60	26	36	87	17	38	324	120	25		145	22.25
HESS	38	44	9	17	44	13	20	195	75	18		93	10.82
MST	35	40	16	10	65	12	42	220	102	27		129	17.13
TOTALS	185	206	56	95	253	53	138	992	384	82		466	
% (466)	39.7	44.2	12.0	20.4	54.3	11.4	29.6	PER 2.13	82.4	17.6			
% (384)	48.1	53.6	14.6	24.7	65.9	13.8	35.9	PER 2.58					

TABLE 6 EFFECTIVENESS OF TESTS

TESTS	EASE	AGE RANGE	DATA	COST	TIME	NUMBER	URBAN/ RURAL
DASI	12345	6 MO-5 YR.	12345	$65	31.75	99	BOTH
DIAL	12345	2-6 TO 5-5	12345	$125	22.25	145	BOTH
HESS	12345	3-0 TO 7-6	12345	$20	10.82	93	BOTH
MST	12345	3-9 TO 6-9	12345	$25	17.13	129	BOTH

Child Code 045

Parish Code 15C

Date of Test 7-28-79

EARLY CHILDHOOD EVALUATION PROJECT

Region 6

Child's Name _____ Sex _____ Date of Birth _____ Age ____

Parent's Name _____

Married _____ Divorced _____ Separated _____

Address _____ City _____ Phone _____

Parent's Occupation _____

Race _____ Primary Language _____

Number of Children in Family _____

Nursery school _____ Day Care Center _____ Kindergarten _____

Reason for participation ---

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

AND PERMISSION TO DUPLICATE REPORTS

I hereby consent ot the release exchange of relevant confidential material with qualified professional personnel.

Name of Child _____

Signed _____

Relationship to Child _____

Date _____

Child's Name _____
Child Code 043
Parish Code 136
Date of Test 4-28-79

APPENDIX A-2

HEALTH HISTORY

Check below diseases he had, indicate at what age, and length of illness

Measles	Bronchitis
Mumps	Chronic cough
Chickenpox	Rickets
Whooping cough	Hives
Scarlet fever	Anemia
Rheumatic fever	Diabetes
Diphtheria	Paralysis
Frequent colds	Convulsions
Tonsilitis	St. Vitus Dance
Earaches	Heart disease
Running ears	Kidney disease
Mastoid	Mental disease
Croup	Syphilis
Influenza	Eczema
Pneumonia	Hay fever
Pleurisy	Asthma
Tuberculosis	Chronic indigestion
Headaches	Constipation
Fainting spells	Back aches
Stomach cramps	Other illness

What were after affects from any of the above _____

Was there a high fever with any of above ____ which one _____

Has he had any operations ____ what _____ Is he under medical treatment now ____ for what _____ doctor _____

Are tonsils and adenoids removed ____ when _____ Has he had any injuries _____ Has he any physical handicaps now _____

Has he had his eyes tested ____ when and where _____

Has he had his hearing tested ____ when and where _____

(Use the back of this page to fully explain diseases, operations, injuries, and physical handicaps of the person to be examined.)

Vaccinations

DPT and Bl.o _____ Measles, Mumps, Rubella _____

T.B. Tine _____ Pos _____ Neg _____

Mantoux _____ Pos _____ Neg _____

Chest X-Ray _____ Result _____

Do you take your child to a private physician? No__ Yes__. What is his/her name?_____. How often do you take your child to him/her?_____. Do you take your child to a clinic? No____ Yes__. Which clinic?_____. How often? _____

Information which will help you, the school staff and physician understand your child better. Please check which of the following you observe in your child:

__nail biting
__thumb suching
__bed wetting
__shy
__happy disposition
__orderly
__helpful around home
__has many friends
__is a leader
__has few friends
__prefers to be alone
__becomes discouraged easily
__worries a great deal
__had many fears
__is self-reliant
__dependable
__jealous
__likes to play with others
__resentful
__is generous with playmates
__selfish
__excitable
__angers easily
__suspicious
__very easy to manage
__thoughtful of family members
__Others_____

Do you suspect that your child has any special problems? _____

If so, describe. _____

_____

_____

Child's Weight _____ Child's Height _____

Overall results indicate that of 466 children screened, 384 children (82.4%) were "at risk" in some area. 253 (65.9%) of the 384 children were "at risk" in communications, 206 (53.6%) in vision, 185 (48.1%) in hearing, 138 (35.9%) in readiness, 95 (24.7%) in fine motor, 56 (14.6%) in gross motor, and 53 (13.8%) in social/emotional.

Information which was gathered during the project was programmed and stored in the computer for retrieval whenever it may be useful for later use. Each screening device has strengths and weaknesses for use in a systematic method for massive pre-school screening. Recommendation for use of more than one screening instrument in such an effort is advised when the age ranges are from 3 to 5 year. Recommendations for improvement of future screening projects are discussed.

ABSTRACT

The Early Childhood Evaluation Project was an interdisciplinary effort involving the Departments of Special Education and Home Economics from Northwestern State University at Natchitoches, Louisiana, during the summer of 1979. Two faculty coordinators, four graduate assistants, and thirty students worked with child search coordinators from six central Louisiana parishes of Region 6 to screen 466 children ages 3, 4, and 5. Nationally normed, standardized instruments were used to screen seven developmental areas that are critical in achieving school success.

Instruments which were used to screen children in the six parish area were the Developmental Assessment Screening Inventory (DASI) from Learning Resourses, Development Inventory Assessment of Learning (DIAL) from Childcraft, Hess School Readiness Scale (HESS) from Mafex Associates, and McCarthy Screening Test (MST) from Psychological Corporation. Developmental areas screened by these instruments were gross motor, fine motor, communications, social/emotional, and readiness for learning (conceptual). Children were also screened for hearing with the use of audiometers, for speech development by speech evaluators, for vision with use of the Pre-school Snellen E chart and telebinoculars with "Peek-a-Boo" vision screening.

Objectives of the Early Childhood Evaluation Project were to ascertain the feasibility of massive screening in rural and urban parishes of central Louisiana with the use of university students as relatively untrained personnel. Evaluation of different screening instruments and their effectiveness in terms of time, number of children served, usefulness of data obtained, ease of administration, cost effectiveness, and rural versus urban settings was also an objective of the project.